

Behaviour and welfare – minimising stress for patients in the veterinary hospital

Janice Lloyd

Introduction:

Many patients become stressed in the veterinary clinic as they are in unfamiliar surroundings, cannot control or predict what will happen to them and may be in pain (Hewson, 2008; 2012). If prolonged, their stress can have adverse effects on immunity, general health and behaviour, and is of concern to their owners. The Bayer veterinary care usage study (Volk, Felsted, Thomas & Siren, 2011) identified that a major reason clients failed to bring their pets to the veterinary hospital was because clients were unwilling to put up with the stress to the animal and to themselves. Veterinarians interviewed in the study stated that many pet owners delayed bringing sick and injured animals to the clinic, with one experienced veterinarian saying, "I'm [now] seeing pets three days sicker." Cat owners in the study indicated that their cats acted remote and unfriendly for several days after returning home, which is particularly undesirable in sick or recovering animals.

Minimising stress for patients should always be a priority in the veterinary hospital. However, this can be difficult to achieve, especially in the emergency situation. While a 'no stress environment' is not possible (nor possibly even desirable), understanding how to create a 'low stress environment' and how to handle animals in a less stressful manner benefits patients, staff and the hospital alike. This article outlines some practical steps that can be taken by veterinary staff to minimise stress for presenting and hospitalised patients including how to recognise stress in dogs and cats. Note: Much of this material has been adapted from Yin (2009) and the accompanying Low Stress Handling of Dogs & Cats DVD (Yin, 2012). Referring to these resources will help to develop pet-friendly practices.

Recognising stress in dogs and cats:

Dogs and cats can experience extreme stress through being separated from their owners and kept in a cage (Dybdall, Strasser & Katz, 2007). These animals undergo physiological changes such as increased heart rate and release of cortisol – both of which are associated with negative feelings such as fear and anxiety (Gregory, 2004). In addition, stressed animals may not eat or drink adequately, which can delay recovery (Hewson, 2008). Recognising stress is particularly important in the emergency situation as stressed patients can be difficult to handle, and dog/cat bites and cat scratches are the most common cause of injury to personnel in the veterinary hospital (Jeyaretnam, Jones & Phillips, 2000). Furthermore, every time a pet has a bad experience in the veterinary clinic, it is more likely that it will be more fearful and difficult to handle on its next visit.

Animals that are fearful may choose to freeze, flee, fight or 'fiddle' (show displacement behaviours). Signs of a fearful dog may include cowering, leaning away with low head/tail and a tense, trembling body. The dog may avert its gaze and show the distinctive 'whale eye' (exposed whites of eyes). Ears may be flat against the head and the brow furrowed. Yin (2009) emphasises the importance of personnel not interpreting fearful postures as submissive behaviour. If veterinary staff assume the dog is being subordinate (i.e. behaving desirably) they may reach for the dog and the dog may become fear aggressive. More subtle signs of fear/anxiety include scanning the room for danger (hypervigilance), yawning, panting, lip licking, refusing treats, salivating (in the absence of food), looking/acting sleepy (when not tired) or distracted, sniffing, and possible urination and defecation.

Similar to dogs, fearful cats are tense and make themselves appear smaller by lowering their heads and leaning back. Signs of stress in cats also includes looking sleepy and hypervigilance – although cats move the direction of their ears rather than their heads. Agitated cats twitch their tails, and may act defensively if scared. Defensive cats appear to become even smaller, might hug a wall if available, move their ears down/back, and may hiss and react aggressively if unable to run away. Some cats make themselves look bigger when alarmed and adopt the classic 'Halloween cat' posture of standing on tippy-toes, with a straight tail and arched back.

Tips to minimise stress:

If possible, preparation of and for the patient prior to its visit will help to prevent anxiety accumulating and alleviate stress on arrival at the hospital (Yin, 2009). Dogs and cats quickly learn to associate frightening or

painful experiences with the hospital and staff through classical conditioning. The Bayer veterinary care usage study (Volk et al., 2011) indicated that cats hid when the cat carrier appeared, became aggressive when put in the carrier, and cried during the journey. This undesirable association can be lessened by classically conditioning a different association (classical counter-conditioning). For example, a fearful cat (or dog) can be trained to associate the 'veterinary experience' including the journey to the hospital with something pleasurable like food. However, this would not be appropriate in the emergency presentation.

In general, the factors that worsen fear and elicit aggression in dogs also apply to cats. Firstly, to minimise stress, care should be taken when initially greeting these animals. Avoid reaching, as this can be construed as menacing. Similarly, avoid squatting down with one's face close to the animal; rather, squat from further away and avoid facing head on. Squatting or standing sideways is less threatening than looming over an animal. Very fearful dogs can be approached by the person moving backwards before squatting down sideways. Cat and small dog carriers should be disassembled rather than dumping the animal out or scruffing it. It is also important to allow the animal to gradually get used to personnel in different positions, even after a successful greeting. Slow, smooth movements, allowing the animal the opportunity to move away, and awareness of the animal's body language will help to minimise stress (Yin, 2009, 2012).

Handling and restraint

Staff should be aware of how their interactions affect the patients, and learn to choose the best method of control. Knowing how to provide adequate restraint, support and direction to the animal will help it feel balanced and safer. Once the pet has been greeted appropriately, it should be handled in a manner that helps it to know what the handler wants rather than confusing it. Pets should be guided into the appropriate position rather than flipped in a rough manner, which may engender distrust. The minimal amount of restraint that is necessary for immobilisation should be used. Examine patients where they are most comfortable; cats and small dogs may feel more comfortable being examined on the veterinarian's lap. Cats often prefer being examined in a structure with sides (e.g. on weighing scales or in the bottom half of a carrier) and can be partially hidden under a blanket.

When pets exhibit fear and anxiety, the response of the veterinary staff (and owner) can either further aggravate or lessen the pet's fear. Staff should work in a calm and positive manner. It is important not to punish an animal that is fearful. Physical punishment or even a raised voice can increase fear and elicit aggression. Dogs that have been punished for growling, or rewarded by (the necessary) retreat of staff may learn to bite without warning (i.e. through negative reinforcement). Management products such as head halters and muzzles, and pharmacological intervention may be required for the safety of people, as well as to enhance the pet's emotional wellbeing (Landsberg, 2009).

Creating a pet-friendly environment

The design of the hospital is very important to put patients and clients at ease. Research has shown that cats in shelters became highly distressed when they saw or heard dogs, probably because the cat had no way of escaping from the dogs and no means of hiding within their cages. Thus it is important that contact with dogs be minimised within the veterinary environment (Lloyd, 2008). The Bayer veterinary care usage study (Volk et al., 2011) also showed that cats displayed signs of stress and fear in the waiting room, particularly when unfamiliar dogs were present. Yin (2009) advocates setting up the hospital so that the first thing the pet sees on arrival is a reception desk and not other animals. Visual barriers in the waiting rooms provide species-specific areas; treats should be placed in strategic positions such as the reception desk or near the weighing scale (cats should be weighed in the exam room). Client comfort should also be kept in mind, as relaxed owners help to keep their pets calm.

Exam rooms should be made as inviting as possible by having comfortable chairs for clients and soft rugs/towels for pets. A variety of tasty treats and toys (washable) should also be available. Giving animals time to habituate to the environment can go a long way to reduce stress. Treatment areas and kennels are potentially areas that cause high stress. Sick animals may need to be kept in the treatment area in order to be monitored, but noise levels and movement should be kept to a minimum.

Cats should be housed separately from dogs, and both should be kept in kennels that face walls rather than other animals to decrease visual contact. Providing cats with hiding places, such as a cardboard box (that they can also use as an elevated platform should they choose) or a towel partially draped over the cage door affords a sense of control over the environment and alleviates stress. Indeed, some cats will not eat or use their litter tray in full view of veterinary staff. Dogs could be given the option to spend quality time working for their food, for example, by eating from a stuffed Kong to alleviate boredom. Moving cats and dogs around the facility should be done with finesse and not force.

In addition to affording animals more control over their environment, other measures can be used to alleviate stress and anxiety. The synthetic pheromone Feliway® can be used for cats and Adaptil® (Dog Appeasing Pheromone) for dogs. These products can also be used to help calm animals en route to the hospital. However, care should be taken when using pheromone diffusers or sprays around birds and fish, due to their sensitive respiratory tracts. Techniques such as TTouch (Lloyd and Roe, in-press), massage and aromatherapy may decrease arousal. Graham, Wells and Hepper (2005) suggest placing lavender or chamomile essential oil on bedding to help dogs relax. This study also found that rosemary and peppermint oil encouraged standing, moving and vocalising, and so should be avoided in this setting. Soothing music and TV might benefit some animals, although research on the effects of sound in dogs is unclear (McConnell, 2013).

Conclusion:

Continual stress in the veterinary environment is undesirable for welfare reasons, as well as for adverse effects on immune function and rate of recovery, and increased risk of injury to staff. Benefits of creating a pet-friendly, low stress experience are numerous. Client confidence is improved, as patients are more settled and staff project a caring attitude. Staff increase their skills in handling animals, resulting in better job satisfaction and fewer bites and scratches. The hospital also benefits by clients being more likely to bring their pets back, and increased staff efficiency due to less time spent on restraining animals. And last but by no means least; the patients are likely to be more relaxed and compliant on their next visit.

References:

- Dybdall, K., Strasser, R., & Katz, T. (2007). Behavioral differences between owner surrender and stray domestic cats after entering an animal shelter. *Applied Animal Behaviour Science*, 104, 85-94.
- Graham, L., Wells, D. L., & Hepper, P. G. (2005). The influence of olfactory stimulation on the behaviour of dogs housed in a rescue shelter. *Applied Animal Behaviour Science*, 91, 143-153.
- Gregory, N. G. (2004). *Physiology and behaviour of Animal suffering*. Oxford: Blackwell.
- Hewson, C. (2008). Stress in small animal patients: why it matters and what to do about it. *Irish Veterinary Journal*, 61(4), 249-254.
- Hewson, C. (2012). Why are(n't) you using pheromones in your hospital ward? There's more to reducing patient stress. *Veterinary Ireland Journal*, 2(2), 84-90.
- Jeyaretnam, J., Jones, H. & Phillips, M. (2000). Disease and injury among veterinarians. *Australian Veterinary Journal*, 78(9), 625-629.
- Landsberg, G. (2009). Behavior medicine: easing patient fear. Retrieved from <http://veterinarynews.dvm360.com/dvm/article/articleDetail.jsp?id=632727>
- Lloyd, J. K. F. (2008). Concepts in animal welfare: environmental enrichment. *The New Zealand Veterinary Nurse*, 48(14), 22-27.
- Lloyd, J., & Roe, L. (in press). Using TTouch to reduce stress and enhance learning when training guide dogs. *International Journal of Orientation and Mobility*.
- McConnell, P. (2013). New research on dogs and music. Retrieved from <https://www.patriciamcconnell.com/theotherendoftheleash/new-research-on-dogs-and-music>
- Volk, J. O., Felsted, K. E., Thomas, J. G., & Siren, C. W. (2011). Executive summary of the Bayer veterinary care usage study. *JAVMA*, 238(10), 1275-1282.
- Yin, S. (2009). *Low stress handling, restraint and behavior modification of dogs and cats: techniques for patients who love their visits*. Davis, CA: CattleDog Publishing.
- Yin, S. (2012). *Low stress handling of dogs and cats* [DVD]. CattleDog Publishing.